

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/070042

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3		2		1		
4		0		1		
5		2		1		
6		0		1		
7		2		1		
8		0		1		
9		0		1		
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18		0		1		
19		0		1		
20		1		1		
21		1		1		
22		2		1		
23		0		1		
24		0		1		
25		0		1		
26		0		1		
27		0		1		
28		0		1		
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TOTAL IND.						
TOTAL DEP.		47				
TOTAL CLAIMS		48				

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